

PLACE OF BIRTH

1. County of Kila
 District of San Carlos
 Town of _____
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 195
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Orison Brown
 (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth 4-30-27
 Month Day Year

8. FATHER
 Full name Victor Brown

14. MOTHER
 Full maiden name Belle Cleeland

9. Residence (Usual place of abode) San Carlos, Ariz
 If non-resident, give place and state.

15. Residence (Usual place of abode) San Carlos, Ariz
 If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 27 (Years)

16. Color or race 4/4 Indian 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) San Carlos, Ariz
 (State or country)

18. Birthplace (city or place) San Carlos, Ariz
 (State or country)

13. Occupation Copper Miner
 Nature of Industry

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

I hereby certify that I Report the birth of this child, who was born alive at 9 A m. on the date above stated
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 Signature C. H. Sawyer M.D.
 Address San Carlos, Ariz
 (Physician or midwife).

Given name added from a supplemental report _____ Filed _____, 19____
 Month, day, year Registrar _____ Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

625-430-234